



MHSPHP

Military Health System Population Health Portal



MHSPHP Metrics Forum

Obesity May 2013

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Overview

Introduction to Obesity Metrics

- Methodology of the metric
- FAQs



Age	branch	Overweight Prevalence	Overweight with DX	Obese Prevalence	Obese with DX
Adult	Air Force	41.08%	6.42%	24.25%	28.8%
Adult	Army	42.43%	9.62%	26.34%	34.49%
Adult	Navy	44.00%	5.88%	21.34%	29.51%
Adult	Total MHS	42.40%	7.57%	24.34%	31.50%
Child & Adolescent	Air Force	12.83%	22.69%	9.23%	45.22%
Child & Adolescent	Army	14.07%	6.75%	11.44%	28.23%
Child & Adolescent	Navy	13.35%	7.82%	10.84%	30.56%
Child & Adolescent	Total MHS	13.52%	11.63%	10.62%	33.30%

- MTF Only Measures calculated monthly
 - Not HEDIS metrics; benchmarks not clearly defined yet
- Currently being viewed by TMA
- Metrics Will display in CarePoint MHSPHP 3G:
 - Add BMI, BMI %, ht, wt, wt status to quicklook
 - Wt status is interpretation of BMI/BMI% as:
 - Underweight, healthy weight, overweight, obese, severe/morbid obese
 - Add obesity/overweight prevalence report

8 Obesity Metrics

- **Overweight Prevalence:** Of the patients with a BMI measured, the % were overweight
- **Obese Prevalence:** Of the patients with a BMI measured, the % were obese
- **Overweight coded:** Of the overweight patients, how many had an encounter with a diagnosis of overweight or obese
- **Obese Coded:** Of the obese patients, how many had an encounter with a diagnosis of overweight or obese
- All 4 metrics run separately for adults and Children/Adolescents



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Obese and Overweight Prevalence Denominators

- Adult: Patients ≥ 18 continuously enrolled for 11 of 12 months in the last 12 months who had a height and weight in AHLTA
- Child/Adolescent: Patients 3-17 continuously enrolled for 11 of 12 months in the last 12 months who had a height and weight in AHLTA



Overweight Prevalence Numerator

- Adults ≥ 18 with BMI ≥ 25 and < 30 in last year
 - BMI calculated based on HT and WT:
 - Mode Height
 - Median Weight
- Children 3-17 with BMI percentile ≥ 85 and < 95
 - BMI calculated based on most recent HT and WT in the last year



Obese Prevalence Numerator

- Adults ≥ 18 with BMI ≥ 30 in last year
 - BMI calculated based on HT and WT:
 - Modal Height
 - Median Weight
- Children/Adolescents age 3-17 with BMI percentile ≥ 95
 - BMI calculated based on most recent HT and WT in the last year
- Biologically implausible weights and heights are not included



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Biologically implausible

- Pulled from literature review of research
- Children/adolescents only includes
 - Height between 13 and 83 inches
 - Weight between 4 and 660 pounds
- Adults only includes
 - 9 and 83 inches
 - 71 and 699 pounds

Denominators & Numerators

- Overweight coded denominator: those patients in the overweight prevalence numerator
- Overweight coded numerator: those with an outpatient encounter with diagnosis for obesity or overweight
- Obese coded denominator: those patients in the obese prevalence numerator
- Obese coded numerator: those with an outpatient encounter with diagnosis for obesity or overweight



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Numerator ICD9 codes

Child/Adolescent

- 278
- V77.8
- V85.54
- V85.53

Adult

- 278
- V77.8
- V85.4
- V85.3
- V85.2



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Obesity metrics exclusions

- Any woman with an ICD9 code indicating pregnancy during the measurement year are excluded from the denominator/numerator



Obesity Metric FAQs

- Where does the data come from?
 - AHLTA vital signs
 - Codes come from encounters in direct care
- What about those patients with a muscular build?
 - Unfortunately they will meet the overweight criteria
 - There is the possibility that exclusions will be available (list is still in development)



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- Questions?



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OTHER METRICS AND GENERAL FAQs



- If pt has 4 dispensing events of asthma meds, the patient qualifies to be on list (no change)
- Major Change in way inhaled medication dispensing events calculated
 - 2012: all dispensing events of the same inhaled med dispensed on the same date counted as 1 dispensing event
 - so they could get 1 for home, school, car, childcare
 - 2013: Each inhaler dispensed is a separate dispensing event
 - Above example would now be 4 dispensings instead of 1
 - Impact: MIGHT see more mild intermittent asthmatics on the list and a corresponding drop in metric
- Discovered some generic meds not in HEDIS specifications
 - This means some controller med dispensing events missing
 - Also some denominator dispensing events missing
 - These will be added in next few months, not sure if it will



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Mental Health Follow-up

- New CPT codes for Mental Health encounters began 2013
- HEDIS is created to be run once per year on previous year data—so codes won't be updated in HEDIS criteria until 2014
- We are adapting our code to reflect anticipated changes to HEDIS based on updated code
 - May not match specifications released for 2014

Antidepressant Medication Management

- Dropped requirement for negative diagnosis history
 - 2012: included only newly diagnosed & newly treated pts—no depression diagnosis in preceding 4 months
 - 2013: includes any “newly treated” with antidepressants patient who had a diagnosis of MAJOR depression within 30 days
 - “Newly treated”- negative history of receiving antidepressants in 90 days preceding this dispensing date

2013 Deleted 2 ICD9 codes from criteria to identify MAJOR DEPRESSION

- 300.4 Dysthymic disorder
 - Depression precipitated by events in a person's life.
 - Chronic affective disorder characterized by either relatively mild depressive symptoms or marked loss of pleasure in usual activities.
- 309.1 Prolonged depressive reaction
- Bottom line—if patients had one of these as their diagnosis and no other depression diagnosis within 30 days of that initial



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Antidepressant dispensing events

- Discovered generic meds not included in HEDIS specifications
 - NDC (drug) code mismatch but description matches drugs/strength on HEDIS list
- These will be added in near future, but not sure if it will improve metric or just increase denominator of patients



- Chronic Illness portlet in picture displays how pt met diabetes criteria
- If portlet not visible, click on patient management tab on left side of navigation menu then click Chronic Illness (top of list) to add it to the workspace
- Criteria are describe in documentation tab... methodology documents
- Pt must meet one of 4 criteria below in last 2 yrs and portlet will display all:
 - Most recent 2 outpt encounters with diabetes as a diagnosis
 - Most recent ER visit with diabetes as a diagnosis
 - Most recent Hospitalization with diabetes as a diagnosis
 - Most recent dispensing events of diabetic medication

Current User: Contr Judy Demo Rosen (0033 - USAF ACADEMY) || **Logout**

	Overview	Patient Management	Metrics	Reporting
List Patient Management	Patient Management			
	SINGLE PATIENT VIEW			
	Chronic Illnesses			
	Allied Healthcare Services			
	BP Readings			
	Lab Results			
	A1C Chart			
	LDL Chart			
	Total CHOL Chart			
	HDL Chart			
Chol-HDL Ratio Chart				
High Utilizer				
Locally Entered Data				
Adjusted Clinical Group				
Data Update Form				

PATIENT INFORMATION

Name	Sponsor SSN	FMP	DOB	Age	Gender
+ Ali Andrew		30	11/15/1929	82	F

LOCALLY ENTERED DATA
[Min] [Max]

Add / View Exclusion | Add Test / Screening | Add / View Notes

Note: Only nodes with locally entered data are shown

CHRONIC ILLNESSES

[Min] [Max]

Note: Only illnesses associated with patient are shown

- Diabetes

Visits

07/30/2012	NETWORK	Internal Medicine	Office	250.00
04/02/2012	NETWORK	Internal Medicine	Office	250.00
02/14/2012	NETWORK	INPT	Colorado	250.60

Medications

05/11/2012	NOVOLIN R
06/11/2012	NOVOLIN N
01/19/2012	NOVOLIN N
10/23/2011	NOVOLIN N

Retinal Exam Date: 21 Apr 2011

Insulin: Y

FOR OFFICIAL USE ONLY (FOUO) - Privacy Act of 1974 Applies

Demo data displayed, no real patient information displayed



TSWF MHSPHP AIM Form: When do the tests display on lists?

Unfortunately with how the data currently processes, we are not able to include the test data on the patient lists until the test date is in the metrics window (ie currently prior to 28 Feb 2013).

We hope to change that in the near future--first step would be to include all AIM form data (regardless of testdate) in the monthly updates and second step would be to update the data more frequently (i.e. every two weeks depending on when we receive it from AHLTA).

If you want the data to appear on your lists the next day, you will have to do double entry---enter it on the AIM form for HEDIS would be first priority, and then if you have time, enter the info directly



- What about patients who never get care at any MTF?
 - Providers do not want to sign these
 - What are MTF's liabilities for adding these to record when patient is never seen?
 - ANSWER: Service legal experts are reviewing



What are the new HEDIS metrics for 2013?

- HEDIS
 - Appropriate Testing for Children With Pharyngitis
 - Appropriate Treatment for Children With Upper Respiratory Infection



Retirees who move and never enroll at new location






- Many sites have retired enrollees whose address is outside the catchment area
- As of Oct 1st if they are 40-100 miles from MTF, they must sign an access waiver to continue Prime enrollment
- Suggest you only offer this waiver option to patients who actively use MTF for primary care and allow Managed care support contractor to



- First release in beta tests right now, should be out in next month to all
- Much faster than legacy MHSPHP, but depends on Internet Explorer version
 - It is SLOW on IE7 (talk with local IT about when you can upgrade)
 - Fast on IE8
 - Faster on IE9....
- Appointment lists very helpful—updated every 10-15 min
- Listening to feedback and updating: plan new releases monthly























Appointment Widget

Facility: **0073 - KEESLER AFB - 81st MED GRP-KEESLER**




 | Scheduled Appts: | Start Date:  End Date: 

Change page: | Displaying page 1 of 2, items 1 to 100 of 195

Change page: | Page size:

Data Avail	PCM Continuity	Overdue Due	Notes	Patient Name	Appt Date ▲	Appt Time	Appt Type	Appt Provider	Provider Group	Reason for Appt
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				HARDY,FOREST	2/11/2013	08:20	WELL	LEWIS,LARRY	GYN	annual exam
				SOEMISCH,ANN	2/11/2013	10:59	T-CON	LEWIS,LARRY	GYN	
				WADDELL,JONATHON I	2/11/2013	12:00	ACUT	BROCK,STEVE	PEDIATRICS RESOURCE SHARING	COUGH/WHEEZE
				KLEMM,ELIZABETH	2/11/2013	09:15	EST	ADAMS,SCOTT	OB CLINIC	EDD 17APR05
				DOUSSAN,CHRIS	2/11/2013	12:59	T-CON	LUTSI,LARRY	INT MED RED TEAM	
				MITCHELL,DORIS	2/11/2013	13:35	ROUT	UMAKANTHA,HAROLD	FAM MED BLUE	possible strep
				WILLIAMS,JAMES	2/11/2013	08:50	ACUT	UMAKANTHA,HAROLD	FAM MED BLUE	sinus/headaches/stuffy nose
				JACKSON,ANN	2/11/2013	16:43	T-CON	HANN,LARRY	INT MED WHITE	
				NAWROCKI,JANE	2/11/2013	10:30	EST	KENNEY,MARK	INT MED BLUE	REFERRALS
				CASTOR,JENNIFER	2/11/2013	11:30	EST	RIGGS,GLEN	INT MED RED TEAM	
				HICKS,BRIAN	2/11/2013	12:41	T-CON	BORRA,JACK	INT MED BLUE	
				CUEVAS,DEMI	2/11/2013	15:40	ACUT	MILLER,GLEN	FAM MED RED	BAD COLD
				COHEN,LANIE	2/11/2013	07:14	T-CON	MILLER,GLEN	FAM MED RED	
				HOOPLE,LANIE	2/11/2013	08:30	ACUT	EASLEY,MARK	FAM MED BLUE	COLD SYMTPOMS
				MYER,LANIE	2/11/2013	10:35	ACUT	EASLEY,MARK	FAM MED BLUE	new pt. needs rheum consult (has civ. prov)

For all slides, data is identifier masked demo data—this is not real patient data.



Facility: **0073 - KEESLER AFB - 81st MED GRP-KEESLER**






Scheduled Appts: | Start Date: | End Date:

Change page: | Displaying page 1 of 1, items 1 to 37 of 37

Change page: | Page size:

Data Avail	PCM Continuity	Overdue Due	Notes	Patient Name	Appt Date	Appt Time	Appt Type	Appt Provider	Provider Group	Reason for Appt	Canceled
								MITCHELL,JACK	EMERGENCY SERVICES		
								MITCHELL,JACK	EMERGENCY SERVICES		
								MITCHELL,JACK	EMERGENCY SERVICES		
								THAXTON,ELLIOT	EMERGENCY SERVICES		
								BARBIER,STEVE	IBWA CLINIC 0073		F
								MITCHELL,JACK	EMERGENCY SERVICES		
								MITCHELL,JACK	EMERGENCY SERVICES		
								BYRNES,SCOTT	EMERGENCY SERVICES		
								WEILAND,LARRY	EMERGENCY SERVICES		
								MITCHELL,JACK	EMERGENCY SERVICES		
								THAXTON,ELLIOT	EMERGENCY SERVICES		
								MAGEE,MARK	EMERGENCY SERVICES		
								RABENSTEIN,MARK	PEDS RED		
								BYRNES,SCOTT	EMERGENCY SERVICES		

Column Headers

Data Avail	PCM Continuity	Overdue Due	Notes	Patient Name	Appt Date ▲	Appt Time	Appt Type	Appt Provider	Provider Group	Reason for Appt
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				HARDY,FOREST	2/11/2013	08:20	WELL	LEWIS,LARRY	GYN	annual exam
				SOEMISCH,ANN	2/11/2013	10:59	T-CON	LEWIS,LARRY	GYN	
				WADDELL,JONATHON I	2/11/2013	12:00	ACUT	BROCK,STEVE	PEDIATRICS RESOURCE SHARING	COUGH/WHEEZE

Canceled	PCM Name	Note Details	ACG RUB	ACG IBI	ACG Date	DOB	Age	Age In Months	BenCat
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OZAETA,STEVE		No Data	No Data		4/4/1943	69	838	
	BATEMAN,GLEN		No Data	No Data		2/7/1971	42	504	
	WRIGHT,HEATH		No Data	No Data		7/14/2002	10	127	ADFMLY

ACG RUB	ACG IBI	ACG Date	DOB	Age	Age In Months	BenCat
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No Data	No Data		4/4/1943	69	838	
No Data	No Data		2/7/1971	42	504	
No Data	No Data		7/14/2002	10	127	ADFMLY

BenCat	Overdue	Due	DMIS	EDIPN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mammo		0073	1145993039
			0073	1047351860
ADFMLY			0073	1257425742